

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return this card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to: 8/17/17 B.M.
AC 2016-013
George W. Woodcock
Law Office of George W. Woodcock
120 East Fifth Street
P.O. Drawer 400
Mount Carmel, IL 62863-0400

2. Article Number
(Transfer from service label)

PS Form 3811, July 2013

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Carol Burch Agent
 Addressee

B. Received by (Printed Name)
Carol Burch

C. Date of Delivery
8/20/17

D. Is delivery address different from item 1?
If YES, enter delivery address below: Yes
 No

RECEIVED
CLERK'S OFFICE

SEP - 7 2017

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

7014 0510 0001 5481 1532

Domestic Return Receipt